

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213554236				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: NATIONAL TAXPAYERS UNION CORPORATION (USED IN VA.BY: NATIONAL TAXPAYERS UNION)</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2013</p> <p>SCC ID NO: F1195728</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
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COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 108 N ALFRED ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ALEXANDRIA, VA 22314</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Duane Parde TITLE: PRESIDENT ADDRESS: National Taxpayers Union 108 N. Alfred St., 3rd Floor CITY/ST/ZIP/CO: Alexandria, VA 22314 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Duane Parde TITLE: PRESIDENT ADDRESS: National Taxpayers Union 108 N. Alfred St., 3rd Floor CITY/ST/ZIP/CO: Alexandria, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: Barbara Anderson TITLE: DIRECTOR ADDRESS: c/o CLT P.O. Box 1147 CITY/ST/ZIP/CO: Marblehead, MA 01945	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				

NAME:	J. Kenneth Blackwell	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o 108 N. Alfred St. 3rd Floor		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	Steve Forbes	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o Forbes, Inc. 60 Fifth Ave.		
CITY/ST/ZIP/CO:	New York City, NY 10011		
NAME:	K.R. Kamon	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o 108 N. Alfred St. 3rd Floor		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	David L. Keating	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o 108 N. Alfred St. 3rd Floor		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	Richard R. Phillips	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o ITR 2610 Park Ave.		
CITY/ST/ZIP/CO:	Muscatine, IA 52761		
NAME:	Donald P. Racheter	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o PII 600 N. Jackson St.		
CITY/ST/ZIP/CO:	Mt. Pleasant, IA 52641		
NAME:	Pete Sepp	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	National Taxpayers Union 108 N. Alfred St., 3rd Floor		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	Jean Leu Stanley	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o NHF P.O. Box 209		
CITY/ST/ZIP/CO:	Muscatine, IA 52761		
NAME:	John S. Thomas	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o EAMCF 3802 Swarthmore Road		
CITY/ST/ZIP/CO:	Durham, NC 27707		
NAME:	Richard Vedder	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o 108 N. Alfred St. 3rd Floor		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		

NAME:	Shari D. Williams	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o 108 N. Alfred St.		
	3rd Floor		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Pete Sepp	Pete Sepp, DIRECTOR	11/12/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			